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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. M419.12-0021

First Inventor or Application Identifier Benjamin Y.H. Liu et al.

Title METHOD AND APPARATUS FOR CASCADE IMPACTOR TESTING OF INHALABLE DRUG THERAPIES RECOVERY FOR CHEMICAL ANALYSIS

Express Mail Label No. EL636050141US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. *Fee Transmittal Form e.g., PTO/SB17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Sheets 52]
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. § 113) [Total Sheets 23]
4. Oath or Declaration [Total Sheets 3]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
- Continuation Divisional Continuation -in part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group/Art Unit: _____

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE

 Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or Correspondence address below

Name	Nickolas E. Westman WESTMAN CHAMPLIN & KELLY			
Address	Suite 1600 – International Centre 900 South Second Avenue			
City	Minneapolis	State	MN	Zip Code
Country	USA	Telephone	(612) 334-3222	Fax
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				(612) 334-3312

Name (Print/type)	Nickolas E. Westman	Registration No. (Attorney/Agent)	20,147
Signature			Date 10/5/00

FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Title

METHOD AND APPARATUS FOR
CASCADE IMPACTOR TESTING OF
INHALABLE DRUG THERAPIES
RECOVERY FOR CHEMICAL ANALYSIS

Group Art Unit

Examiner Name

Atty. Docket Number

M419.12-0021

Total Amount of Payment \$ 721

METHOD OF PAYMENT (Check One)

1. The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123.
Westman, Champlin & Kelly, P.A.

2. Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

	Large Entity Fee	Small Entity Fee		
Code	(\$)	Code	(\$)	Fee Description
101	710	201	355	<input checked="" type="checkbox"/> Utility Filing Fee
106	320	206	160	<input type="checkbox"/> Design Filing Fee
108	710	208	355	<input type="checkbox"/> Reissue Filing Fee
114	150	214	75	<input type="checkbox"/> Prov. Filing Fee
Subtotal (1) \$ 355				

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	34	20	14	9	126
Indep.	8	3	5	40	200

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

	Large Entity Fee	Small Entity Fee	Description
Code	(\$)	Code	(\$)
103	18	203	9 Claims in excess of 20
102	80	202	40 Independent claims in excess of 3
104	270	204	135 Multiple Dependent Claims
109	80	209	40 Reissue Independent Claims over Original Patent
110	18	210	9 Reissue claims in excess of 20 and over original patent
Subtotal (2) \$ 320			

FEE CALCULATION (Continued)

3. ADDITIONAL FEES

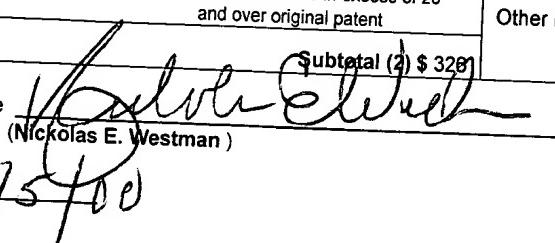
Large Entity Fee	Small Entity Fee			Fee Paid
Code	(\$)	Code	(\$)	
105	130	205	65	Surcharge - Late filing fee or oath
127	50	227	25	Surcharge - Late provisional Filing Fee or cover sheet
139	130	139	130	Non-English specification
147	2,520	147	2,520	For Filing a Request for Reexamination
115	110	215	55	Extension for reply within first month
116	390	216	195	Extension for reply within second month
117	890	217	445	Extension for reply within third month
118	1,390	218	695	Extension for reply within fourth month
128	1,890	280	945	Extension for reply within fifth month
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
148	110	248	55	Terminal Disclaimer Fee
140	110	240	55	Petition to Revive - unavoidable
141	1,240	241	620	Petition to Revive - unintentional
142	1,270	242	650	Utility/Reissue issue fee (inc. advance copies)
143	470	243	250	Design issue fee (inc. advance copies)
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Petitions related to provisional applications
126	240	126	240	Submission of Information Disclosure Statement
581	40	581	40	Recording each patent assignment per property (times number of properties)

Other Fee (specify) _____

40

Subtotal (3) \$40

Signature


(Nickolas E. Westman)

Reg. No. 20,147

Date 10/5/00

Deposit Account No. 23-1123

**STATEMENT CLAIMING
SMALL ENTITY STATUS
(SMALL BUSINESS CONCERN)**

Attorney Docket No.

M419.12-0021

First Named Inventor : Benjamin Y.H. Liu

Title : METHOD AND APPARATUS FOR CASCADE IMPACTOR TESTING OF INHALABLE DRUG THERAPIES RECOVERY FOR CHEMICAL ANALYSIS

With respect to the invention described in

- the application filed herewith:
 Application No. , filed :
 Patent No. ___, issued ___:

I. IDENTIFICATION OF DECLARANT AND ANY RIGHTS AS A SMALL ENTITY

I am:

- the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN	<u>MSP Corporation</u>
ADDRESS OF CONCERN	<u>1313 Fifth Street S.E. Minneapolis, MN 55414</u>

The above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. § 121.12, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees under 35 U.S.C. §§ 41(a) and (b).

II. OWNERSHIP OF INVENTION BY DECLARANT

Rights under contract or law remain with or have been conveyed to the above-identified concern. If the rights held are not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person who could not be classified as (1) an independent inventor under 37 C.F.R. § 1.9(c) if that person had made the invention, (2) a small business concern under 37 C.F.R. § 1.9(d) or (3) a non-profit organization under 37 C.F.R. § 1.9(e).

- There is no such person, concern, or organization.
 The person, concerns or organizations are listed below:

FULL NAME _____

ADDRESS _____

- [] Individual
[] Small Business Concern
[] Non-Profit Organization

III. ACKNOWLEDGEMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE

I acknowledge the duty to file, in this application or patent, notification of any change resulting in loss of entitlement to small entity status pursuant to 37 C.F.R. § 1.28(b).

IV. SIGNATURES

SIGNATURE



Date: 10/5/00

NAME OF PERSON SIGNING Benjamin Y.H. Liu

TITLE OF PERSON President

ADDRESS OF PERSON SIGNING 1313 Fifth Street S.E., Minneapolis, MN 55414